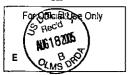
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



1 File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

01 / 01 / 04 Through 12 / 30 / 04

3 Name and address of person filing	4 Name, file number, and address of labor organization
Name BRIAN E CARROLL	Name INT, BROTHER HOOD OS TEAMSTERS LOCAL 251
	Labor Organization File Number 004-870 03054/
P O Box, Bldg , Room No , if any ,	P O Box, Building and Room Number, if any
Street 21 MARBIE HEAD ST.)
City WARWICK	City E. PRONIDENCE
State	
Position in labor organization BUSINESS AGEINT	
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the e A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organic	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions) I, or derived income or other economic benefit of
HOHELBIY VANUE ITOMI AN EMIDIOVEL WHOSE EMDIOVEES YOUR OFUAMI	zation represents of is actively seeking to represent
	7 a Nature of Interest, Transaction, or Income
Name and address of Employer (including trade name, if any)	
Name and address of Employer (including trade name, if any)	
Name and address of Employer (including trade name, if any) Name Trade Name, if any [
Name and address of Employer (including trade name, if any) Name Trade Name, if any ! P O Box, Bldg , Room No , if any	
Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any	7 a Nature of Interest, Transaction, or Income
Name and address of Employer (including trade name, if any) Name Trade Name, if any ! P O Box, Bldg , Room No , if any	7 a Nature of Interest, Transaction, or Income
Name and address of Employer (including trade name, if any) Name Trade Name, if any ! P O Box, Bldg , Room No , if any Street	7 a Nature of Interest, Transaction, or Income
Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City ZIP Code + 4	7 a Nature of Interest, Transaction, or Income
Name and address of Employer (including trade name, if any) Name Trade Name, if any ! P O Box, Bldg , Room No , if any Street City State ! ZIP Code + 4 !	7 a Nature of Interest, Transaction, or Income 7 b Amount Signature ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the
Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State 1 ZIP Code + 4 1	7 a Nature of Interest, Transaction, or Income 7 b Amount Signature ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with

Name PROUIDENCE GROUP/MElon BANK

Trade Name, if any

PO Box Bldg, Room No, if any

Street 200 TURKS HEAD PL . Suite 900

City PROU. 1

State RI

ZIP Code + 4 0 3 9 03

10 If 9 b, or 9 c, is checked give trust or employer's name

TEAMSTERS LOCAL 251 HSIP

Trade Name, if any

P O Box, Bldg, Room No, if any

ALF Street 1201 EIMW00D

City PROD

State RI

ZIP Code + 4 2 2907

a Labor Organization

b-Trust

c Employer

11 a Nature of such dealing

INVESTMENT MANAGER

11 b Approximate dollar value of such dealing 7/499.52

12 a Nature of interest held or income received

CIRGE DY SOLIE! TICKET 1/2 OF COST ON 12-1-04

12 b Amount

41.66

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name learnstees Local 25/ HSIP

Trade Name, if any

PO Box, Bldg, Room No, if any

Street /201 2/mwood AVE

Providence

State

ZIP Code +4 02907

Reimbreament for Cash Expenses Incurred at our of town Meetings (Tips, TAKI)

14 b Amount of payment 4/8, 80

Form LM-30 (2003)

B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, setting or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8 Name and address of Business (including trade name, if any) Name SEGAL CO. Trade Name, if any P O Box, Bldg, Room No if any Street 1165 HUNTINGTON AUC City Boston MA. State MA. ZIP Code + 4 03116	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name TEAMSTER LOCL 351 HS IT Trade Name, if any PO Box, Bldg, Room No, if any Street 1301 E IMWOOD AVE	11 a Nature of such dealing ACTURIAL IN CONSULTING SERVKES 11 b Approximate dollar value of such dealing \$\frac{106,000}{106,000}\$
City PROV State RI ZIP Code + 4 03907	12 a Nature of interest held or income received CIRQUE DY SOLIEL TICKET 13 COST. OID 12-1-04 12 b Amount 41.66

or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)		14 a Nature of payment
Name		
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
City		
State	ZIP Code + 4	
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is a stively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name DAVIS VISION

Trade Name, if any

PO Box, Bldg, Room No, if any

Street 159 EXPRESS ST

PHAINUIEW

ZIP Code +4 11803

10 If 9 b or 9 c is checked give trust or employer's name

Name TEAMSTER HOCAL 351 HSIP

Trade Name, if any

PO Box, Bldg, Room No, if any

Street 1701 EIMWOOD AVE

City PROU.

RI State

ZIP Code + 4 0 2 907

9 Business deals with

a Labor Organization

2 Frust

c Employer

11 a Nature of such dealing

PROVIDES VISION CARE FOR PARTICIPANTS OF LOCAL 251 HSIP

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

CIRQUE DY SOLIE! TICKET 13 COST ON 12-1-04

12 b Amount

41.66

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name		

7

Trade Name, if any

PO Box, Bldg , Room No , if any

Street

City

State

ZIP Code + 4

13 b. Is the Business an Employer

or Consultant

14 b. Amount of payment

B Held an interest in or derived income or economic benefit with monetary is substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is a sti (2) any part of which consists of buying from or selling or leasing directly or not dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8 Name and address of Business (including trade name, if any) Name COIA V REPORE ATD Trade Name, if any P O Box, Bldg, Room No, if any Street 336 S. MAIN ST City PROV. State RI ZIP Code +4 03%03	9 Business deals with a Labor Organization Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name TEAMSTER LOCAL B51 Trade Name, if any P O Box, Bldg, Room No, if any Street	11 a Nature of such dealing PROVIDE'S LEGA! BENEFIT FOR PARTICIPANTS OF LOCA! 351 HSIP 11 b Approximate dollar value of such dealing 263 712,80
City State ZIP Code + 4	12 a Nature of Interest held or Income received CHRIST MAS GIFT - CASE OF WINE 12 - 04
	100.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer (including trade name, if any)	or Labor Relations Consultant		14 a Nature of payment
Name			
Trade Name, if any			
PO Box Bldg , Room No , if any			
Street			
City			
State	ZiP Code + 4	ĺ	
13 b Is the Business an Employer	or Consultant ?		14 b Amount of payment

Name of Person Filing BRIAN & CARRO 1/	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is all tively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name COIA KKEPORE GTD	a Labor Organization		
Trade Name, if any	M Trust		
P O Box, Bldg , Room No , if any	c Employer		
Street 336 S. MAIN SJ	C Employer		
City PROV.			
State RI ZIP Code + 4 03%03			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name TEAMSTER LOCAL 851	PROVIDE'S LEGAL BENEFIT FOR PARTICIPANTS OF LOCAL		
Trade Name If any	FOR PARTICIPATORS OF THE		
P O Box, Bldg , Room No , if any	251 HSIP		
Street	20 6 - 10 60		
City	11 b Approximate dollar value of such dealing 263 7/3, 80 12 a Nature of interest held or income received		
State ZIP Code + 4	DINNER - ANNUAL HEALTH Y WELFARE		
	MEETIN6		
	12-04		
	12 b Amount (8 147, 60)		
C Received from any employer (other than an employer covered ur der parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			
City			
State ZIP Code + 4			
	14 b Amount of payment		

13 b Is the Business an Employer

or Consultant

B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	erwise dealing with the business clively seeking to represent, or ndirectly to, or otherwise
8 Name and address of Business (including trade name, if any)	9 Business deals with
Name UNITEO HEALTH CARE Trade Name, if any	a Labor Organization
PO Box, Bldg , Room No , if any Street 475 KIIUERTET	c Employer
State RI ZIP Code + 4 03886	
10 If 9 b or 9 c is checked give trust or employer's name Name TEAIN STERS LOCAL 251 HS/A Trade Name, if any PO Box, Bldg, Room No, if any Street 1301 EIMWOOD ALE	11 a Nature of such dealing THEAITH CARE PROUIDER SEAKING TRUST AND REPRESENTE EMPLOYER BUSINESS
City PROO State RI ZIP Code + 4 8 2907	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received DINNER-ANNUAL NEALTHY WELFARE MEETING - WITH STAFF, TRISTIES 4 GUESTS
	12 b Amount 86, 3/

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer of (including trade name, if any)	or Labor Relations Consultant	14 a Nature of payment
Name		
Trade Name, if any		
PO Box Bldg , Room No , if any		
Street		
City		
State	ZIP Code + 4	
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment